

FORM B1		United States Bankruptcy Court District of Minnesota		Voluntary Petition																	
Name of Debtor (if individual, enter Last, First, Middle): Intrepid U.S.A., Inc.			Name of Joint Debtor (Spouse) (Last, First, Middle):																		
All Other Names used by the Debtor in the last 6 years (include married, maiden, and trade names):			All Other Names used by the Joint Debtor in the last 6 years (include married, maiden, and trade names):																		
Last four digits of Soc. Sec. No. / Complete EIN or other Tax I.D. No. (if more than one, state all): 41-1684069			Last four digits of Soc. Sec. No. / Complete EIN or other Tax I.D. No. (if more than one, state all):																		
Street Address of Debtor (No. & Street, City, State & Zip Code): 6600 France Avenue South, Suite 510 Edina, MN 55425			Street Address of Joint Debtor (No. & Street, City, State & Zip Code):																		
County of Residence or of the Principal Place of Business: Hennepin			County of Residence or of the Principal Place of Business:																		
Mailing Address of Debtor (if different from street address):			Mailing Address of Joint Debtor (if different from street address):																		
Location of Principal Assets of Business Debtor 6600 France Avenue South, Suite 510 (if different from street address above): Edina, MN 55425																					
Information Regarding the Debtor (Check the Applicable Boxes)																					
Venue (Check any applicable box) <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.																					
Type of Debtor (Check all boxes that apply) <input type="checkbox"/> Individual(s) <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other _____			<input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank																		
<input type="checkbox"/> Consumer/Non-Business <input checked="" type="checkbox"/> Business			Chapter or Section of Bankruptcy Code Under Which the Petition is Filed (Check one box) <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Sec. 304 - Case ancillary to foreign proceeding																		
<input checked="" type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13			<input checked="" type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13																		
Chapter 11 Small Business (Check all boxes that apply) <input checked="" type="checkbox"/> Debtor is a small business as defined in 11 U.S.C. § 101 <input type="checkbox"/> Debtor is and elects to be considered a small business under 11 U.S.C. § 1121(e) (Optional)			Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only.) Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form No. 3.																		
Statistical/Administrative Information (Estimates only) <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.					THIS SPACE IS FOR COURT USE ONLY																
Estimated Number of Creditors																					
Estimated Assets																					
Estimated Debts																					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%;">1-15</td> <td style="width: 12.5%;">16-49</td> <td style="width: 12.5%;">50-99</td> <td style="width: 12.5%;">100-199</td> <td style="width: 12.5%;">200-999</td> <td style="width: 12.5%;">1000-over</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>					1-15	16-49	50-99	100-199	200-999	1000-over	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>														

Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):

FORM B1, Page 2

Intrepid U.S.A., Inc.**Prior Bankruptcy Case Filed Within Last 6 Years** (If more than one, attach additional sheet)

Location

Where Filed: **NONE**

Case Number:

Date Filed:

Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet)

Name of Debtor:

NONE

Case Number:

Date Filed:

District:

Relationship:

Judge:

Signatures**Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X _____
Signature of Debtor**X** _____
Signature of Joint Debtor_____
Telephone Number (If not represented by attorney)_____
Date**Signature of Attorney****X** /s/ Cass S. Weil 115228 and James A. Rubenstein 94080

Signature of Attorney for Debtor(s)

Cass S. Weil 115228 and James A. Rubenstein 94080

Printed Name of Attorney for Debtor(s)

Moss & Barnett

Firm Name

4800 Wells Fargo Center**90 South Seventh Street****Minneapolis, MN 55402-4129**

Address

612-347-0300

Telephone Number

January 29, 2004

Date

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ Todd Garamella
Signature of Authorized Individual**Todd Garamella**

Printed Name of Authorized Individual

Presiden

Title of Authorized Individual

January 29, 2004

Date

Exhibit A

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11)

☐ Exhibit A is attached and made a part of this petition.**Exhibit B**

(To be completed if debtor is an individual whose debts are primarily consumer debts)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter.

X _____
Signature of Attorney for Debtor(s) Date**Exhibit C**

Does the debtor own or have possession of any property that poses a threat of imminent and identifiable harm to public health or safety?

☐ Yes, and Exhibit C is attached and made a part of this petition.☒ No**Signature of Non-Attorney Petition Preparer**

I certify that I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110, that I prepared this document for compensation, and that I have provided the debtor with a copy of this document.

Printed Name of Bankruptcy Petition Preparer_____
Social Security Number (Required by 11 U.S.C. § 110(c).)_____
Address

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

X _____
Signature of Bankruptcy Petition Preparer_____
Date

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

Form 4. LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS**United States Bankruptcy Court
District of Minnesota**In re **Intrepid U.S.A., Inc.**,
Debtor

Case No. _____

Chapter **11****LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS**

Following is the list of the debtor's creditors holding the 20 largest unsecured claims. The list is prepared in accordance with Fed. R. Bankr. P. 1007(d) for filing in this chapter 11 [or chapter 9] case. The list does not include (1) persons who come within the definition of "insider" set forth in 11 U.S.C. § 101, or (2) secured creditors unless the value of the collateral is such that the unsecured deficiency places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted	Nature of claim (trade debt, bank loan, government contract, etc.)	Indicate if claim is contingent, unliquidated, disputed, or subject to setoff	Amount of claim [if secured, also state value of security]
ACS-CONSULTEC, INC. P.O. Box 14422 Des Moines, IA 50306-3422	ACS-CONSULTEC, INC. P.O. Box 14422 Des Moines, IA 50306-3422			147,170.13
ALLINA HEALTH SYSTEMS 5640 Smetana Drive Hopkins, MN 55343	ALLINA HEALTH SYSTEMS 5640 Smetana Drive Hopkins, MN 55343			1,413,818.00
BUSINESSWARE SOLUTIONS 500 WEST 79TH STREET SUITE #3 Chanhassen, MN 55317	BUSINESSWARE SOLUTIONS 500 WEST 79TH STREET SUITE #3 Chanhassen, MN 55317			56,360.80
CNA 23520 Network Place Chicago, IL 60673-1235	CNA 23520 Network Place Chicago, IL 60673-1235			399,512.00
GENESIS HOME CARE, INC. 3445 WASHINGTON DRIVE SUITE 104 Saint Paul, MN 55122	GENESIS HOME CARE, INC. 3445 WASHINGTON DRIVE SUITE 104 Saint Paul, MN 55122			78,517.58

In re Intrepid U.S.A., Inc.,
Debtor

Case No. _____

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS
(Continuation Sheet)

Name of creditor and complete mailing address, including zip code	Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted	Nature of claim (trade debt, bank loan, government contract, etc.)	Indicate if claim is contingent, unliquidated, disputed, or subject to setoff	Amount of claim [if secured, also state value of security]
GULF SOUTH MEDICAL SUPPLY PO BOX 841968 Dallas, TX 75284-1968	GULF SOUTH MEDICAL SUPPLY PO BOX 841968 Dallas, TX 75284-1968			113,249.43
Healthcare Industry Fund 2911 Turtle Creek Blvd. Dallas, TX 75219	Healthcare Industry Fund 2911 Turtle Creek Blvd. Dallas, TX 75219			641,602.00
I O S CAPITAL 361550 1738 Bass Road Macon, GA 31210	I O S CAPITAL 361550 1738 Bass Road Macon, GA 31210			44,866.23
IKON OFFICE SOLUTIONS 1738 Bass Road Macon, GA 31210	IKON OFFICE SOLUTIONS 1738 Bass Road Macon, GA 31210			35,709.42
IRS, Special Procedures Branch 801 Broadway MDP 146 Nashville, TN 37203	IRS, Special Procedures Branch 801 Broadway MDP 146 Nashville, TN 37203			6,513,889.31
METRO SYSTEMS SDS 12-0996 PO BOX 86 Minneapolis, MN 55486-0996	METRO SYSTEMS SDS 12-0996 PO BOX 86 Minneapolis, MN 55486-0996			124,254.73

In re Intrepid U.S.A., Inc.,
Debtor

Case No. _____

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS
(Continuation Sheet)

Name of creditor and complete mailing address, including zip code	Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted	Nature of claim (trade debt, bank loan, government contract, etc.)	Indicate if claim is contingent, unliquidated, disputed, or subject to setoff	Amount of claim [if secured, also state value of security]
MVR HOMECARE INC. 3435 Washington Drive Suite 104 Saint Paul, MN 55122	MVR HOMECARE INC. 3435 Washington Drive Suite 104 Saint Paul, MN 55122			137,665.49
McBee Associates 997 Old Eagle School Rd. Suite 205 Wayne, PA 19087	McBee Associates 997 Old Eagle School Rd. Suite 205 Wayne, PA 19087			319,718.13
Mckesson Information Systems 1550 E. Republic Rd. Springfield, MO 65804	Mckesson Information Systems 1550 E. Republic Rd. Springfield, MO 65804			372,149.75
Medicare Fund (CMS) 500 E. Court Ave. #200 Des Moines, IA 50309	Medicare Fund (CMS) 500 E. Court Ave. #200 Des Moines, IA 50309			10,850,000.00
National City Bank PO Box 400177	National City Bank PO Box 400177			210,679.73
Palmentto GBA-AG-340 Medicare Federal HIB 2300 Springdale Dr., Bldg. 1 Camden, SC 29020	Palmentto GBA-AG-340 Medicare Federal HIB 2300 Springdale Dr., Bldg. 1 Camden, SC 29020			2,515,916.00

In re Intrepid U.S.A., Inc.,
Debtor

Case No. _____

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS
(Continuation Sheet)

Name of creditor and complete mailing address, including zip code	Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted	Nature of claim (trade debt, bank loan, government contract, etc.)	Indicate if claim is contingent, unliquidated, disputed, or subject to setoff	Amount of claim [if secured, also state value of security]
QWEST COMMUNICATIONS 323 Stenson Blvd. Minneapolis, MN 55413	QWEST COMMUNICATIONS 323 Stenson Blvd. Minneapolis, MN 55413			41,248.74
SPRINT PO BOX 930331 Atlanta, GA 31193-0331	SPRINT PO BOX 930331 Atlanta, GA 31193-0331			71,984.55
THE HAYS GROUP NCB-88 PO BOX 1414 Minneapolis, MN 55480-1414	THE HAYS GROUP NCB-88 PO BOX 1414 Minneapolis, MN 55480-1414			80,000.00

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the Presiden of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Creditors Holding 20 Largest Unsecured Claims and that it is true and correct to the best of my information and belief.

Date January 29, 2004

Signature /s/ Todd Garamella
Todd Garamella
Presiden

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C §§ 152 and 3571.

Form 1008-1 - Proof Of Authority To Sign And File Petition

**United States Bankruptcy Court
District of Minnesota**

In re **Intrepid U.S.A., Inc.**
Debtor(s)

Case No. _____
Chapter **11**

STATEMENT REGARDING AUTHORITY TO SIGN AND FILE PETITION

I, **Todd Garamella**, declare under penalty of perjury that I am the **President** of **Intrepid U.S.A., Inc.**, a Minnesota corporation and that on **January 29, 2004** the following resolution was duly adopted by the _____ of this corporation:

"Whereas, it is in the best interest of this corporation to file a voluntary petition in the United States Bankruptcy Court pursuant to Chapter **11** of Title 11 of the United States Code;

Be It Therefore Resolved, that **Todd Garamella**, President of this corporation, is authorized and directed to execute and deliver all documents necessary to perfect the filing of a chapter **11** voluntary bankruptcy case on behalf of the corporation; and

Be It Further Resolved, that **Todd Garamella**, President of this corporation, is authorized and directed to appear in all bankruptcy proceedings on behalf of the corporation, and to otherwise do and perform all acts and deeds and to execute and deliver all necessary documents on behalf of the corporation in connection with such bankruptcy case; and

Be It Further Resolved, that **Todd Garamella**, President of this corporation, is authorized and directed to employ **Cass S. Weil 115228**, attorney and the law firm of **Moss & Barnett** to represent the corporation in such bankruptcy case."

(or)

I, _____, declare under penalty of perjury that I am one of the general partners of _____, a Minnesota partnership, that _____, _____, and _____ are all of the other general partners, and that all general partners have authorized me to file a voluntary petition commencing a chapter _____ voluntary bankruptcy case on behalf of the partnership.

(or)

I, _____, declare under penalty of perjury that I am the sole general partner of _____, a Minnesota limited partnership, and that I am authorized to file a voluntary petition commencing a chapter _____ voluntary bankruptcy case on behalf of the partnership.

(or)

I, _____, declare under penalty of perjury that I am the duly appointed and qualified guardian ad litem of _____, that I am authorized to file a voluntary petition commencing a chapter _____ voluntary bankruptcy case on behalf of _____, and that a certified copy of my appointment as such guardian ad litem is attached and made a part of this statement.

Date January 29, 2004

Signature /e/ Todd Garamella
Todd Garamella
President

LOCAL RULE REFERENCE: 1008-1